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CONFIRMATION NO. 8794

SERIAL NUMBER 10/601,966	FILING OR 371(c) DATE 06/23/2003 RULE	CLASS 455	GROUP ART UNIT 2618	ATTORNEY DOCKET NO. 279.B15US1
APPLICANTS Scott T. Mazar, Inver Grove Heights, MN; ** CONTINUING DATA ***** <i>[Signature]</i> ** FOREIGN APPLICATIONS ***** <i>[Signature]</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/18/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Signature]</i> Initials		STATE OR COUNTRY MN	SHEETS DRAWING 7	TOTAL CLAIMS 49
INDEPENDENT CLAIMS 9				
ADDRESS 21186				
TITLE SYSTEMS, DEVICES, AND METHODS FOR SELECTIVELY PREVENTING DATA TRANSFER FROM A MEDICAL DEVICE				
FILING FEE RECEIVED 1776	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	